



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/15/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER</b>	<b>→</b>	<b>NJR000034538</b>
<b>INSTALLATION NAME</b>	<b>→</b>	<b>N M C GLOBAL CORP</b>
<b>INSTALLATION ADDRESS</b>	<b>→</b>	<b>650 GROVE RD SUITE 111 PO BOX 309 THOROFARE, NJ 08086</b>
<b>MAILING ADDRESS</b>	<b>→</b>	<b>650 GROVE RD SUITE 111 PO BOX 309 THOROFARE, NJ 08086</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866**

**ATTN: JACK HOYT  
Tel : (212) 637-4106  
Fax: (212) 637-4949**

**TO: N M C GLOBAL CORP  
or Current Occupant  
ATTN: NABIL KASSEM - VICE PRES  
650 GROVE RD SUITE 111  
PO BOX 309  
THOROFARE, NJ 08086**

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

GSA No. 0248-EPA-OT

Date Received (For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification ☐ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

NJR000034538

II. Name of Installation (Include company and specific site name)

NMIC GLOBAL CORPORATION

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

650 GROVE ROAD

Street (Continued)

Suite 111 P.O. Box 309

City or Town

Thorofare

State

Zip Code

NJ 08086

County Code

County Name

Gloucester

IV. Installation Mailing Address (See instructions)

Same

Street or P.O. Box

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

KASSEM

NABIL

Job Title

Vice President

Phone Number (Area Code and Number)

Extension

856-686-4904

VI. Installation Contact Address (See instructions)

Fax Number

686-4907

A. Contact Address Location Mailing

B. Street or P.O. Box

☒

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

Liberty Property Trust

Street, P.O. Box, or Route Number

65 Valley Stream Parkway

City or Town

Maitvern

State

Zip Code

PA 19355

Phone Number (Area Code and Number)

610-648-1710

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

Date Changed Month Day Year

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr., New York, NY 10007-1866 Phone: (212)637-4106

Address verified by USEPA

Airborne Exp  
Spoke to Nabil  
10:43 AM - 9/27/01  
Call



ID - For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)**

**A. Hazardous Waste Activity**

1. Generator (See instructions)
  - ☒ a. Greater than 1000kg/mo (2,200 lbs.)
  - ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
  - ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
  - ☐ a. For own waste only
  - ☐ b. For commercial purposes
- Mode of Transportation
  - ☐ 1. Air
  - ☐ 2. Rail
  - ☐ 3. Highway
  - ☐ 4. Water
  - ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
  - ☐ 4. Hazardous Waste Fuel
    - ☐ a. Generator Marketing to Burner
    - ☐ b. Other Marketers
    - ☐ c. Boiler and/or Industrial Furnace
      - ☐ 1. Smelter Deferral
      - ☐ 2. Small Quantity Exemption
  - Indicate Type of Combustion Device(s)
    - ☐ 1. Utility Boiler
    - ☐ 2. Industrial Boiler
    - ☐ 3. Industrial Furnace
5. Underground Injection Control

**B. Used Oil Recycling Activities**

1. Used Oil Fuel Marketer
  - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
  - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
  - ☐ a. Utility Boiler
  - ☐ b. Industrial Boiler
  - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
  - ☐ a. Transporter
  - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
  - ☐ a. Process
  - ☐ b. Re-refine

**IX. Description of Hazardous Wastes (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)**

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☐

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)**

1 F005	2 D001	3 F003	4 D002	5	6
7	8	9	10	11	12

**C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)**

1	2	3	4	5	6
---	---	---	---	---	---

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

*Nabil Kassem*

Name and Official Title (Type or print)

Nabil Kassem - vice president

Date Signed

4-25-2001

**XI. Comments**

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

An original signature is required